

ENTERED BY: _____

DATE: _____

CITY OF AKRON FINANCIAL SYSTEM (AFS) VENDOR PROFILE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO ACCOUNTS PAYABLE TO BE ENTERED INTO THE AFS SYSTEM AS A VENDOR. FAILURE TO DO SO COULD CAUSE A DELAY IN PROCESSING THE VENDOR PAYMENT.

VENDOR NAME: _____

TAX ID / VENDOR NUMBER: _____

(REQUIRED FOR SYSTEM ENTRY)

PURCHASE ORDER INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

CONTACT: _____

PHONE: _____ FAX _____

E-MAIL: _____

WEBSITE: _____

PLEASE MAIL OR FAX COMPLETED FORM TO:

CITY OF AKRON ACCOUNTING DEPARTMENT
ROOM 505
166 SOUTH HIGH STREET
AKRON, OHIO 44308
(330) 375-2620---PHONE
(330) 375-2192---FAX

ACCOUNTS PAYABLE INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

CONTACT: _____

PHONE: _____ FAX _____

E-MAIL: _____

WEBSITE: _____

ACCOUNTING/PURCHASING USE ONLY

VENDOR TYPE: _____

1099 VENDOR: _____ YES/NO

INCOME TYPE: NC

FORM SENT OUT BY: _____